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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ISAAC NAGEEB BESHAY, M.D.** 2200 Harbor Blvd., Ste. B210 Costa Mesa, CA 92627 Physician's and Surgeon's Certificate No. A 89039, Respondent.	Case No. 800-2017-035284 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about October 6, 2004, the Medical Board issued Physician's and Surgeon's Certificate Number A 89039 to Isaac Nageeb Beshay, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2020, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in pertinent part:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"...

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

6. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

7. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that he committed repeated negligent acts in his care and treatment of Patient A.[1] The circumstances are as follows:

8. During the relevant time period, Respondent practiced family medicine in Costa Mesa, California.

9. Patient A, a 31 year-old male, first presented to Respondent on February 17, 2012, for allergies, panic and medication refill. Patient A was taking Propranolol (a beta blocker), citalopram (generic for Celexa, an anti-depressant) and Xanax (a Schedule IV benzodiazepine).

10. Patient A returned to Respondent on March 10, 2012, for a medication refill, review of lab results and anxiety. Patient A's blood pressure was recorded at 160/120. Respondent did not note any changes in Patient A's medical history or any pertinent details relating to the history of Patient A's present illness, including interval changes: Respondent referred Patient A to a psychiatrist and refilled his medications.

11. On March 20, 2012, Patient A returned to Respondent complaining of lower back pain after a two-story fall. Patient A requested pain medication. Patient A's blood pressure was recorded at 130/100. Respondent examined Patient A's back and ordered x-rays.

12. Respondent next saw Patient A on June 26, 2012. On that day, Patient A requested hydrocodone-acetaminophen (generic for Norco, a Schedule II opiate), citalopram, and alprazolam (generic for Xanax), each of which Respondent refilled. Patient A's blood pressure was recorded at 140/100. Pertinent details relating to the history of Patient A's present illness, including interval changes, are again missing from Respondent's records for Patient A.

13. On August 31, 2012, Patient A next presented to Respondent. Patient A requested medication refills. Pertinent details relating to the history of Patient A's present illness, including

[1] In this Accusation, the patient is referred to as "Patient A" to protect his right of privacy. The patient's full name was disclosed to Respondent during the course of Board Investigation No. 800-2017-035284 and will be disclosed to Respondent again when discovery is provided pursuant to Government Code section 11507.6.

interval changes, are again absent from his records. Patient A's "Assessment" is listed as backache, anxiety and dyslipidemia (high cholesterol). Respondent advised diet and exercise and prescribed Ativan (a Schedule IV benzodiazepine) and Adderall (a Schedule II central nervous system stimulant). There is no documentation as to why these medications were prescribed. Respondent has stated that he believes he prescribed Ativan and Adderall to wean Patient A off of more addictive medications.

14. On October 12, 2012, Patient A had a follow-up visit with Respondent after being treated in the Emergency Room for a panic attack. Respondent prescribed Patient A Xanax.

15. On October 21, 2012, Patient A was admitted to Hoag Memorial Hospital Presbyterian after being found unresponsive from a drug overdose. A urine toxicology screen revealed amphetamines, benzodiazepines, opioids and marijuana. Patient A passed away that same day from accidental acute poly drug intoxication.

16. During the relevant time period, the applicable standard of care in the medical community required that a physician providing care to a patient: 1) obtain and document a pertinent history or review of symptoms, both positive and negative; 2) perform a reasonable physical examination and document its findings; 3) document assessments consistent with the patient's presentation and develop and document a differential diagnosis; 4) develop and document reasonable plans for evaluating and/or treating the patient's presenting complaints; and 5) maintain legible records.

17. During the relevant time period, the applicable standard of care in the medical community required that a treating physician observe the following principles when prescribing controlled substances: 1) establish appropriate medical indication for use of controlled substances; 2) establish therapeutic goals before starting therapy to limit the potential for physical and psychological dependence and to include the patient in the process; 3) once a therapeutic dose is established, attempt to limit dosage to this level; 4) attempt the use of other treatments instead of non-controlled substances – especially in chronic management – to lesson pronounced withdrawal symptoms on discontinuance; 5) frequently evaluate continuing therapy and the patient's need for opioids and 6) if an addictive behavior presents itself, or if the patient admits to

being an addict, to discontinue use of controlled medication and to refer to the patient to a drug addiction treatment facility.

18. During the course of Respondent's care and treatment of Patient A, the applicable standard of care in the medical community required that a treating physician recognize chronic medical problems and manage them according to community standard of care. In the case of hypertension (high blood pressure), a history should be created of the hypertension, elevated blood pressure readings should be assessed, appropriate blood work should be ordered, and treatment options should be offered and discussed, such as medication.

19. Respondent's care and treatment of Patient A departed from the applicable standard of care as follows:

A. Respondent failed to perform an adequate history of Patient A's medical problems at multiple visits;

B. Respondent failed to document adequate indication for Adderall use; and

C. Respondent failed to adequately recognize and address Patient A's hypertension.

20. Respondent's acts and/or omissions as set forth in paragraphs 9 through 19, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts in violation of section 2234, subdivision (c), of the Code. As such, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Inadequate Record Keeping)

21. Respondent is subject to disciplinary action under Code sections 2234, subdivision (a), and 2266, in that he failed to maintain adequate and accurate records for Patient A. The circumstances are as follows:

22. Paragraphs 7 through 18 are incorporated by reference and re-alleged as if fully set forth herein.

23. Respondent's acts and/or omissions as set forth in paragraphs 9 through 19 and 22, above, whether proven individually, jointly, or in any combination thereof, constitute the failure to maintain adequate and accurate records pursuant to section 2266 of the Code. As such, cause

for discipline exists.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 89039, issued to Isaac Nageeb Beshay, M.D.;

2. Revoking, suspending or denying approval of Isaac Nageeb Beshay, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Isaac Nageeb Beshay, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: November 9, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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